

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILZD		ADJUSTED ADJUSTMENT		ADJUSTED ADJUSTMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
4	1					
5		1				
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TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	21					

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